EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies):	San Diego		Fiscal Year:	2005-06
Program Workplan #:_	OA-3		Date:	2/28/06
Program Workplan Name: 1	Mental Health & Primary Care Services Integration		Page:	1 of 9
Type of Funding: _	Outreach and Engagement		Months of Operation:	3
	Proposed Total Client Capacity of Program/Service:	114	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Client	Capacity of Program/Service Expanded through MHSA:	114	Telephone Number:	(619) 563-2715

. , , , , , , , , , , , , , , , , , , ,		•	•	
	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				,,,
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0 \$0
d. Employment and Education Supports				\$0
e. Other Support Expenditures (provide description in budget narrative)			•	\$0
f. Total Support Expenditures	\$0	\$0	\$0	\$0
2. Personnel Expenditures				_
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				<u>\$0</u>
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				\$0
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management	**		7.	7.
a. Existing Program Management				\$0
b. New Program Management				\$0 \$0
c. Total Program Management		\$0	\$0	\$0
S. Estimated Total Expenditures when service provider is not known	\$113,750	φυ	φυ	\$113,750
6. Total Proposed Program Budget	\$113,750	\$0	\$0	
B. Revenues	\$110,100	Ψ-	40	V.10,100
1. Existing Revenues				0.0
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				<u>\$0</u>
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
				<u>\$0</u>
d. Other Revenue		_	\$0	\$0
d. Other Revenue e. Total New Revenue	\$0	\$0	30	
	\$0 \$0	\$0 \$0	\$0	
e. Total New Revenue 3. Total Revenues	\$0			\$0
e. Total New Revenue				\$0 \$144,70 0

EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

r: 2005-06	Fiscal Year:		San Diego	County(ies):
e: <u>2/28/06</u>	Date:		OA-3	Program Workplan #:
e: 2 of 9	Page:	gration_	Mental Health & Primary Care Services Inte	Program Workplan Name:
n:3	Months of Operation:		3. Outreach and Engagement	Type of Funding:
n: New	New Program/Service or Expansion:	114	Total Client Capacity of Program/Service: _	Proposed
/: Michelle Peterso	Prepared by:	0	xisting Client Capacity of Program/Service:	Ex
r· (619) 563-271	Telephone Number	114	rogram/Service Expanded through MHSA:	Client Canacity of P

Classification	Function	Client, FM &	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
	Total Current Existing Positions	0.00	0.00		<u>\$0</u> \$0
	Total Garrent Existing Feetilene	0.00	0.00		Ψ0
B. New Additional Positions					
Mental Health Clinician, Licensed	Provides Mental Health Services		0.75		\$0 \$0
Counselor, Master Level Interns Geriatric Psychiatrist	Provides Case Management Activities Provides Medication Support		0.50 0.05		\$0
	Outreach and Peer Support Services	0.30			\$0
·	s workplan. However, the contractor shall propo		,	•	-
These stail positions are a likely profile for this	s workplan. However, the contractor shall propo	se the specific s	taning for this progr	am to best meet the pi	ogram goals.
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total New Additional Positions	0.30	1.60		\$0
C. Total Program Positions		0.30	1.60		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act CSS Budget Narrative

County(ies): San Diego Fiscal Year: 2005-06 Page: 3 of 9
Program Workplan #: OA-3 Date: 02/28/06

Program Workplan Name: Mental Health & Primary Care Services Integration

Type of Funding: 3. Outreach and Engagement New Program/Service or Expansion: New

Line #	<u>Amount</u>	Description / Justification
A.5	\$113,750	This is a new program which will attempt to integrate mental health care with physical health care. The Council of Community Clinics has been selected as the provider for this program; however the actual contract negotiations and provider sub-contracts have not yet occurred. The estimated total expenditures were derived by calculating the average cost per client for similar fee-for-service outpatient services among existing community clinic providers times the number of clients expected to be served in the fiscal year. 5% of the program's total costs will be budgeted for ongoing Medication costs. This budget is for 3 months beginning April 1, 2006 - June 30, 2006.
B.2.a	\$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population.
С	\$144,700	One-Time CSS Funding Expenditures are the sum of the following:
	\$52,500	One-time CSS funding for start-up and implementation expenditures for this program are equivalent to 6 weeks of service operations. Our County has used this method before with new programs and based on our past experience the equivalent of 6 weeks of funding seems to be a sufficient amount for Contractors to purchase most of the equipment and supplies needed for a new program. Start-up funds are budgeted to purchase equipment such as computer hardware, software, cell phones, copier, fax, furniture and other office equipment and transportation and medication for clients (if needed). Additionally, these funds may be used to secure or expand office space including possible leasehold improvements. Implementation funds are also needed for program staff to recruit, hire, and train personnel and will be used to develop initial program outreach strategies to get this program up and running. These start-up costs will be expended in the fourth quarter of FY 05-06 between April 1, 2006 - June 30,2006.
	\$30,000	One-time CSS funding to purchase a van in the fourth quarter of FY 05-06 for the program to transport clients. This estimate was based on blue book values for a used van.
	\$20,000	One-time CSS funding for Senior Peer and Promotores / Family Community Health Workers Support training. These start-up costs will begin to expended in the fourth quarter of FY 05-06 between April 1, 2006 - May 31,2006 and the trainings sessions will be completed over a 4 month period. The cost is \$333 per person (includes training tool kit, speaker, facility, technical assistance and training fees) for a total of 60 staff/volunteers. This training will be held in San Diego County. This will also be a training for trainers which will enable those attending to be future trainers.
	\$7,500	One-time CSS funding for Provider Primary Care Physician integration training. Funds will begin to be expended in the fourth quarter of FY 05-06 between April 1, 2006 - June 30,2006 and will be completed over 12 months. The cost is \$125 per person for a estimated total of 60 physicians, nurses, social workers, case managers and community health workers. The cost covers the trainer (\$5,000), materials (\$2,000), and the facility (\$500).
	\$34,700	One-time CSS funding for IMPACT (Improving Mood-Promoting Access to Collaborative Treatment) training. Initial training funds will begin to be expended in the fourth quarter of FY 05-06 between April 1, 2006 - June 30,2006. This training is for staff and primary care providers and is estimated to cost \$34,700 to cover the 2 training teams (one for Impact with training consultants traveling from Washington State and one for Dulce consisting of local trainers), training materials, supplies, facility, equipment and ongoing technical assistance (for 16 months) from implementation of the project pilot.
D	\$258,450	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies)	San Diego		Fiscal Year:	2006-07
Program Workplan #:	OA-3		Date:	2/28/06
Program Workplan Name:	Mental Health & Primary Care Services Integration		Page:	4 of 9
Type of Funding:	3. Outreach and Engagement		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service: _	455	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service: _	0	Prepared by:	Michelle Petersor
Clier	t Capacity of Program/Service Expanded through MHSA:	455	Telephone Number:	(619) 563-2715

	County Mental Health Department	Other Governmental Agencies	Community Mental Health Contract Providers	Total
A. Expenditures				
Client, Family Member and Caregiver Support Expenditures				
a. Clothing, Food and Hygiene				\$0
b. Travel and Transportation				\$0
c. Housing				
i. Master Leases				\$0
ii. Subsidies				\$0
iii. Vouchers				\$0
iv. Other Housing				\$0
d. Employment and Education Supports				\$0
1				
e. Other Support Expenditures (provide description in budget narrative)	\$0	\$0	\$0	<u>\$0</u> \$0
f. Total Support Expenditures	Φ0	Φ0	Ψ	Φυ
2. Personnel Expenditures				
a. Current Existing Personnel Expenditures (from Staffing Detail)				\$0
b. New Additional Personnel Expenditures (from Staffing Detail)				\$0
c. Employee Benefits				\$0
d. Total Personnel Expenditures	\$0	\$0	\$0	\$0
3. Operating Expenditures				
a. Professional Services				\$0
b. Translation and Interpreter Services				\$0
c. Travel and Transportation				\$0
d. General Office Expenditures				\$0
e. Rent, Utilities and Equipment				
f. Medication and Medical Supports				\$0
g. Other Operating Expenses (provide description in budget narrative)				<u>\$0</u>
h. Total Operating Expenditures	\$0	\$0	\$0	\$0
4. Program Management				
a. Existing Program Management				\$0
b. New Program Management				<u>\$0</u>
c. Total Program Management		\$0	\$0	\$0
5. Estimated Total Expenditures when service provider is not known	\$455,000			\$455,000
6. Total Proposed Program Budget	\$455,000	\$0	\$0	\$455,000
B. Revenues				
1. Existing Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	
2. New Revenues	φ0	φ0	φυ	φυ
a. Medi-Cal (FFP only)				0.0
b. Medicare/Patient Fees/Patient Insurance				\$0 \$0
b. Medicare/Patient Fees/Patient Insurance c. State General Funds				
				\$0
d. Other Revenue	_	_	_	\$0
e. Total New Revenue	\$0	\$0		
3. Total Revenues	\$0	\$0	\$0	
C. One-Time CSS Funding Expenditures	-			\$0
D. Total Funding Requirements	\$455,000	\$0	\$0	\$455,000
E. Percent of Total Funding Requirements for Full Service Partnerships				0.0%

EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies):	San Diego		Fiscal Year:	FY 06-07
Program Workplan #:	OA-3		Date:	2/28/06
Program Workplan Name:	Mental Health & Primary Care Services Inter	gration	Page:	5 of 9
Type of Funding:	3. Outreach and Engagement		Months of Operation:	12
Proposed	I Total Client Capacity of Program/Service:	455	New Program/Service or Expansion:	New
E	xisting Client Capacity of Program/Service:	0	Prepared by:	Michelle Peterson
Client Capacity of F	Program/Service Expanded through MHSA:	455	Telephone Number:	(619) 563-271

Classification	Function	Client, FM &	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Mental Health Clinician, Licensed	Provides Mental Health Services		3.00		\$0
Counselor, Master Level Interns	Provides Case Management Activities		2.00		\$0
Geriatric Psychiatrist	Provides Medication Support		0.20		\$0
Senior Peer / Family Promotores	Outreach and Peer Support Services	1.20			\$0
These staff positions are a likely profile for the	his workplan. However, the contractor shall pro	pose the specific	staffing for this pro	gram to best meet the	·
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					<u>\$0</u>
	Total New Additional Positions	1.20	6.40		\$0
C. Total Program Positions		1.20	6.40		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act CSS Budget Narrative

County(ies): San Diego Fiscal Year: 2006-07 Page: 6 of 9
Program Workplan #: OA-3 Date: 02/28/06

Program Workplan Name: Mental Health & Primary Care Services Integration

Type of Funding: 3. Outreach and Engagement New Program/Service or Expansion: New

Line #	<u>Amount</u>	Description / Justification
A.5	\$455,000	This is a new program which will attempt to integrate mental health care with physical health care. The Council of Community Clinics has been selected as the provider for this program; however the actual contract negotiations and provider sub-contracts have not yet occurred. The estimated total expenditures were derived by calculating the average cost per client for similar fee-for-service outpatient services among existing community clinic providers times the number of clients expected to be served in the fiscal year. 5% of the program's total costs will be budgeted for ongoing Medication costs. This budget is for 12 months beginning July 1, 2006 - June 30, 2007.
B.2.a	\$0	If applicable, new revenues were estimated for Medi-Cal (FFP only) given the estimated number of clients and services expected to be Medi-Cal eligible. Programs without Medi-Cal revenue are targeting the unserved non-Medi-Cal eligible population and/or are providing non-billable Medi-Cal services.
D	\$455,000	Total Funding Requirements equals the total proposed program budget less total revenues plus one-time CSS funding expenditures.

EXHIBIT 5a--Mental Health Services Act Community Services and Supports Budget Worksheet

County(ies):	San Diego		Fiscal Year:	2007-08
Program Workplan #:	OA-3		Date:	2/28/06
Program Workplan Name:	Mental Health & Primary Care Services Integration		Page:	7 of 9
Type of Funding:	3. Outreach and Engagement		Months of Operation:	12
	Proposed Total Client Capacity of Program/Service: _	455	New Program/Service or Expansion:	New
	Existing Client Capacity of Program/Service: _	0	Prepared by:	Michelle Petersor
Clien	t Capacity of Program/Service Expanded through MHSA:	455	Telephone Number:	(619) 563-2715

A. Expenditures 1. Client, Family Member and Caregiver Support Expenditures a. Clothing, Food and Hygiene b. Travel and Transportation c. Housing i. Master Leases ii. Subsidies iii. Vouchers iv. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Proposed Program Budget B. Revenues a. Medi-Cal (FFP only) b. Medicare/Patient Fees/Patient Insurance	\$0 \$0	\$0		\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
1. Client, Family Member and Caregiver Support Expenditures a. Clothing, Food and Hygiene b. Travel and Transportation c. Housing i. Master Leases ii. Subsidies iii. Vouchers iv. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management s. Existing Revenues a. Medi-Cal (FFP only)				\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
a. Clothing, Food and Hygiene b. Travel and Transportation c. Housing i. Master Leases ii. Subsidies iii. Vouchers iv. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)				\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
b. Travel and Transportation c. Housing i. Master Leases ii. Subsidies iii. Vouchers iv. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues a. Medi-Cal (FFP only)				\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
c. Housing i. Master Leases ii. Subsidies iii. Vouchers iv. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Propram Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues a. Medi-Cal (FFP only)				\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
i. Master Leases ii. Subsidies iii. Vouchers iv. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) h. Total Operating Expenses (provide description in budget narrative) c. Total Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues a. Medi-Cal (FFP only)				\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
ii. Subsidies iii. Vouchers iv. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues a. Medi-Cal (FFP only)				\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
iii. Vouchers iv. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expensitures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)				\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
iv. Other Housing d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)				\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
d. Employment and Education Supports e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues a. Medi-Cal (FFP only)				\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
e. Other Support Expenditures (provide description in budget narrative) f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues a. Medi-Cal (FFP only)				\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0
f. Total Support Expenditures 2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues a. Medi-Cal (FFP only)				\$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$0 \$
2. Personnel Expenditures a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues a. Medi-Cal (FFP only)				\$0 \$0 \$0 \$0 \$0 \$0
a. Current Existing Personnel Expenditures (from Staffing Detail) b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues a. Medi-Cal (FFP only)	\$0	\$0	\$0	\$0 \$0 \$0 \$0 \$0
b. New Additional Personnel Expenditures (from Staffing Detail) c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues a. Medi-Cal (FFP only)	\$0	\$0	\$0	\$0 \$0 \$0 \$0 \$0
c. Employee Benefits d. Total Personnel Expenditures 3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)	\$0	\$0	\$0	\$0 \$0 \$0 \$0 \$0
d. Total Personnel Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues a. Medi-Cal (FFP only)	\$0	\$0	\$0	\$0 \$0 \$0
3. Operating Expenditures a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues a. Medi-Cal (FFP only)	\$0	\$0	\$0	\$0 \$0 \$0
a. Professional Services b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)				\$0 \$0
b. Translation and Interpreter Services c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)				\$0 \$0
c. Travel and Transportation d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)				\$0
d. General Office Expenditures e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)				
e. Rent, Utilities and Equipment f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)				\$0
f. Medication and Medical Supports g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)				
g. Other Operating Expenses (provide description in budget narrative) h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)				
h. Total Operating Expenditures 4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)				\$0
4. Program Management a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)				<u>\$0</u>
a. Existing Program Management b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)	\$0	\$0	\$0	\$0
b. New Program Management c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)				
c. Total Program Management 5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)				\$0
5. Estimated Total Expenditures when service provider is not known 6. Total Proposed Program Budget B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)				<u>\$0</u>
6. Total Proposed Program Budget B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)		\$0	\$0	\$0
B. Revenues 1. Existing Revenues a. Medi-Cal (FFP only)	\$455,000			\$455,000
1. Existing Revenues a. Medi-Cal (FFP only)	\$455,000	\$0	\$0	\$455,000
a. Medi-Cal (FFP only)				
, , , , , , , , , , , , , , , , , , , ,				
b. Medicare/Patient Fees/Patient Insurance				\$0
				\$0
c. Realignment				\$0
d. State General Funds				\$0
e. County Funds				\$0
f. Grants				
g. Other Revenue				\$0
h. Total Existing Revenues	\$0	\$0	\$0	\$0
2. New Revenues				
a. Medi-Cal (FFP only)				\$0
b. Medicare/Patient Fees/Patient Insurance				\$0
c. State General Funds				\$0
d. Other Revenue				<u>\$0</u>
e. Total New Revenue		\$0	\$0	\$0 \$0
3. Total Revenues	\$0			\$0
C. One-Time CSS Funding Expenditures	\$0 \$0	SO.	Ψ0	\$0
D. Total Funding Requirements	\$0 \$0	\$0	l .	
E. Percent of Total Funding Requirements for Full Service Partnerships		\$0 \$0	\$0	\$455,000

EXHIBIT 5b--Mental Health Services Act Community Services and Supports Staffing Detail Worksheet

County(ies): San Diego Fiscal Year:	FY 07-08
Program Workplan #: OA-3 Date:	2/28/06
Program Workplan Name: Mental Health & Primary Care Services Integration Page:	8 of 9
Type of Funding: 3. Outreach and Engagement Months of Operation:	12
Proposed Total Client Capacity of Program/Service: 455 New Program/Service or Expansion:	New
Existing Client Capacity of Program/Service: 0 Prepared by:	Michelle Peterson
Client Capacity of Program/Service Expanded through MHSA: 455 Telephone Number:	(619) 563-271

Classification	Function	Client, FM &	Total Number of FTEs	Salary, Wages and Overtime per FTE ^{b/}	Total Salaries. Wages and Overtime
A. Current Existing Positions					
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total Current Existing Positions	0.00	0.00		\$0
B. New Additional Positions					
Mental Health Clinician, Licensed	Provides Mental Health Services		3.00		\$0
Counselor, Master Level Interns	Provides Case Management Activities		2.00		\$0
Geriatric Psychiatrist	Provides Medication Support		0.20		\$0
•	Outreach and Peer Support Services	1.20			\$0
These staff positions are a likely profile for	or this workplan. However, the contractor shall	propose the spe	cific staffing for this	program to best meet the	
					\$0
					\$0 \$0
					\$0 \$0
					\$0 \$0
					\$0
					\$0
					\$0
					\$0
					\$0
					<u>\$0</u>
	Total New Additional Positions	1.20	6.40		\$0
C. Total Program Positions		1.20	6.40		\$0

a/ Enter the number of FTE positions that will be staffed with clients, family members or caregivers.

b/ Include any bi-lingual pay supplements (if applicable). Round each amount to the nearest whole dollar.

Mental Health Services Act CSS Budget Narrative

County(ies): San Diego Program Workplan #: (Program Workplan Nan Type of Funding: 3. Ou

Line #	<u>Amount</u>
A.5	\$455,000
B.2.a	\$0

D \$455,000